PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | | 10/594/02 | | | | | |
|--|--|--|-----------------------|--|-----------------------------|------------------------------|------------|--------------------------------------|------------------------|------------|---|------------------------|--|
| | | CLAIMS A | | S FILED - PART I | | (Column 2) | | SMALL ENT | ITY | OR | OTHER SMALL E | | |
| U.S. NATIONAL STAGE FEES | | | | | | | | RATE | FEE | | RATE | FEE | |
| BASIC FEE | | | | | | | 7 | BASIC FEE | 150 | OR | BASIC FEE | | |
| EXAMINATION FEE | | | | | | | 1 | EXAM. FEE | 100 | | EXAM. FEE | | |
| SEARCH FEE | | | | , | | | 1 | SEARCH FEE | 20D | | SEARCH FEE | | |
| FEE FOR EXTRA SPEC. PGS. | | | mir | nus 100 = | / 50 = | | | X \$ 125 = | | | X \$ 250 = | | |
| TOTAL CHARGEABLE CLAIMS | | | 6 m | inus 20 = , | * | | | X \$ 25 = | | OR | X \$ 50 = | | |
| INDEPENDENT CLAIMS | | | | minus 3 = , | k | | | X \$ 100 = | | OR | X \$ 200 = | | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | | | | 1 | + \$ 180 = | | OR | + \$ 360 = | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | 450 | OR | TOTAL | · | |
| AMENDMENT A | Total Independent | CLAIMS AS (Column 1) CLAIMS REMAINING AFTER AMENDMENT * | AMENDE! Minus Minus | | nn 2) EST BER USLY | : (Column 3) PRESENT EXTRA = | | SMALL E RATE X \$ 25 = X \$ 100 = | ADDI- TIONAL FEE | OR OR | OTHER 1 SMALL E RATE X \$ 50 = X \$ 200 = | | |
| | FIRST PRES | MULTIPLE DEF | PENDENT C | LAIM | | | + \$ 180 = | | OR | + \$ 360 = | | | |
| T | | | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. | | |
| ENT B | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Colum HIGHE NUMB PREVIOU PAID F | ST IER USLY | (Column 3) PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| AMENDMEN | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | | |
| | Independent | • | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | | | |
| | | | | | | - | J 1 | TOTAL ADDIT. | | OR | TOTAL ADDIT. | | |
| | | | | | | | | | | | | | |

<sup>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".</sup>

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.